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## Camelot Centre Adult Day Program – APPLICATION FORM

Please answer all questions as accurately as possible. All information is confidential and for the use of Camelot Centre Staff only.

Submit to: Camelot Centre 370 Shoreacres Road, Burlington, ON L7L 2H5 or camelotcentre@gmail.com

### **APPLICANT INFORMATION** *(Individual whom service is required)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name Used \_\_\_\_\_ Date of Birth MONTH/DAY/YEAR Gender Male [ ] Female [ ]

Full Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

### **PARENT/PRIMARY CAREGIVER INFORMATION** *(Individual completing the form)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address Same as above [ ] if not, please list below

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

### **PRESENT LIVING ARRANGEMENTS**

[ ] Parental Home [ ] Group Home [ ] Other (split living, etc. please specify) \_\_\_\_\_

### **FORMAL DIAGNOSIS AND MEDICAL CONDITIONS** (please explain as clearly as possible)

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**CURRENT MEDICATIONS**

None  for health concern  for epilepsy/seizures  for mood, anxiety, sleep or behaviour

Other (please specify) \_\_\_\_\_

Will medication need to be administered during the 8:30am – 3:30pm day?  yes  no

**ALLERGIES AND FOOD SENSITIVITIES** (please list clearly) Is an auto-injector required?  yes  no

\_\_\_\_\_  
\_\_\_\_\_

**MOBILITY**

walks without aids  walks with aids  usually in a wheelchair or does not walk

**FORM OF COMMUNICATION**

verbal  non-verbal (please specify) \_\_\_\_\_

**PAST DAY ACTIVITIES**

Day Program – Name of Agency and Contact Person \_\_\_\_\_

School – Name and Contact Person \_\_\_\_\_

Other (camps, etc.) \_\_\_\_\_

**LEVEL OF INDEPENDENCE**

- Independent completely  YES  NO
- Can be left alone for short periods of time  YES  NO
- Requires constant supervision  YES  NO
- Requires prompts/reminders  YES  NO
  - o If yes, please explain \_\_\_\_\_
- Will wander  YES  NO
- Able to follow verbal instructions  YES  NO
- Needs hand over hand assistance for manual tasks  YES  NO

**SELF CARE**

- Toilets themselves independently  YES  NO
- Needs assistance with personal care/toileting  YES  NO
  - o If yes, explain \_\_\_\_\_
- Able to wash hands  YES  NO
- Able to feed themselves  YES  NO
- Able to dress themselves  YES  NO
- Needs assistance with shoes, boots or outerwear  YES  NO

**LITERACY SKILLS**

- Can write own name     YES     NO
- Can write words         YES     NO
- Able to read             YES     NO
- Can identify letters     YES     NO
- Can identify numbers    YES     NO
- Understands money      YES     NO

**BEHAVIOURAL CHALLENGES** (Please list clearly and indicate how these challenges can be successfully moderated)

**PERSONAL INTERESTS** (Please check all that apply)

- Cooking                     Baking                     Crafts
- Reading                     Colouring                 Art
- Movies                      Dancing                  Singing
- Computer/Internet        Socializing              Animals
- Hiking                      Music/Instruments     Pedestrian and Transit Skills
- Science                     Math                       Lego
- Sports                      Physical Education     Writing
- Other \_\_\_\_\_

**COMMENTS** (additional comments which may be helpful to staff)

**HOW DID YOU HEAR ABOUT US?**

- Website                     Brochure                 Other (please specify) \_\_\_\_\_

**DAYS OF THE WEEK REQUIRED** (Check all that apply)

- MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY
- MONDAY-FRIDAY INCLUSIVE

**SIGNATURE** (*Individual completing the form*) \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_